Maryland Health Care Commission

Thursday, March 19, 2015

1:00 p.m.

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**
2. UPDATE OF ACTIVITIES
3. ACTION: Certificate of Need – Hospice of Washington County, Inc. (Docket No. 14-21-2356)
4. ACTION: COMAR 10.25.17 – Benchmarks for Preauthorization of Health Care Services – Proposed Regulations for Informal Public Comment
5. ACTION: Recommend Additions to MHCC's Data Release Policy
6. UPDATE: Legislation
7. UPDATE: Hospital Palliative Care Pilot Project
8. UPDATE: Plans for Enhancing the Health Plan Performance Guide
9. Overview of Upcoming Initiatives
10. ADJOURNMENT

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Certificate of Need – Hospice of Washington County, Inc.
(Docket No. 14-21-2356)

(Agenda Item #3)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

ACTION:

COMAR 10.25.17 – Benchmarks for Preauthorization of Health Care Services – Proposed Regulations for Informal Public Comment

(Agenda Item #4)

Draft Amendments

COMAR 10.25.17

Benchmarks for Preauthorization of Health Care Services

Release for Informal Public Comment

March 19, 2015

The MARYLAND HEALTH CARE COMMISSION

Background

- State law established – 2012
  - Required State-regulated insurers, nonprofit health service plans, health maintenance organizations and pharmacy benefits managers (payors) to implement electronic preauthorization processes in a series of three benchmarks
- Amendments to the law – 2014
  - Added a fourth benchmark requiring payors that require a step therapy or fail-first protocol to establish an electronic process to override the step therapy or fail-first protocol for pharmaceutical preauthorization requests

Draft Amendments

- Add language requiring payors to:
  - Implement the fourth benchmark
  - Provide notification to providers and their members regarding the fourth benchmark
  - Report to the Commission on their attainment of the fourth benchmark
  - Maintain their electronic preauthorization processes
  - Demonstrate continued compliance with all of the benchmarks upon request from the Commission

Draft Amendments *(Continued…)*

- Remove expired payor reporting requirement dates pertaining to their attainment of the first three preauthorization benchmarks
- Modify the timeframe for the preauthorization benchmark wavier process by changing:
  - The length of time a waiver is valid from one to two years
  - The number of days a payor or PBM is required to submit a waiver renewal request from 45 to 30 days prior to its expiration

Next Steps

- **Staff requests the Commission approve the draft amendments to COMAR 10.25.17: *Benchmarks for Preauthorization of Health Care Services* to be released for informal public comment.**

Questions?

Appendix

Preauthorization Benchmarks

1) Provide by October 1, 2012 online access to a listing of all medical services and pharmaceuticals that require preauthorization and the key criteria for making a preauthorization determination

2) Establish by March 1, 2013 an online system to receive preauthorization requests electronically and assign a unique identification number to each request for tracking purposes

3) Ensure by July 1, 2013 all electronic preauthorization requests for medical services and pharmaceuticals are approved within established timeframes

4) Establish by July 1, 2015 an electronic process to override a step therapy or fail-first protocol

Step Therapy / Fail-First Protocol

- Defined as a protocol that requires a certain prescription drug or sequence of prescription drugs to be used by an insured individual or an enrollee before another specific prescription drug ordered by a prescriber is covered

Previous Reporting Requirements

- **Payors were previously required to report their attainment of the first three preauthorization benchmarks as follows:**

  A. On or before March 1, 2013, a payor shall report to the Commission in a form and manner specified by the Commission on:

  (1) The status of the payor's attainment of the benchmarks in Regulation .03A and B of this chapter; and

  (2) An outline of the payor's plans for attaining the benchmark in Regulation .03C of this chapter.

  B. On or before December 1, 2013, a payor shall report to the Commission in a form and manner specified by the Commission on the payor's attainment of the benchmarks in Regulation .03C.

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Recommended Additions to MHCC's Data Release Policy

(Agenda Item #5)

MARYLAND HEALTH CARE COMMISSION

Recommended Additions to MHCC's Data Release Policy

Commission Meeting

March 19, 2015

Requesting Commission Approval

- To charge requestors seeking Medical Care Data Base (MCDB) or DC Hospital Association (DCHA) discharge data files
  - An application fee for MCDB or DCHA data files
  - A fee for the MCDB files made available to the requestor
  - Regulations will be updated to note there will be charges for the above
- To initiate a Privacy Board
  - A multi-stakeholder committee to review requests for MCDB data
  - Additional Institutional Review Board (IRB) review if needed
  - Board and IRB reviews to run in parallel until MCDB Data Regulations are updated to include a Privacy Board
- To include notice of requests and approvals for MCDB and DCHA data on the MHCC website

Background Information

- MHCC Data Release Policy document
  - Summarizes existing data release guidelines and practices and the recommended additions
  - Content was discussed in series of multi-stakeholder meetings on data release policies held last year
    - Participants representing Consumers, Payors, Providers, State partners, academic researchers, and others

- MHCC has the authority to set reasonable fees covering the costs of accessing and retrieving the stored data for requestors.
  - Charging for data is a common practice among states that compile databases of privately insured claims
  - An applicant's fees will be based on the types & number of files and the complexity of the data request

Impact on Existing Commission Authority

- Commissioners affirm or deny applications recommended for approval by designated IRBs
  - Authority will be expanded to include applications recommended by the new Privacy Board
  - IRB or Privacy Board denials are reviewed only if there is evidence of Boards' failure to follow the process set in regulations
- Commission monitoring of applicants progress, security of data security, destruction/return of data
  - Applies to all entities who receive MCDB or DC Hospital data, whether or not an IRB was involved
  - Conditions spelled out in a signed Data Use Agreement (DUA)

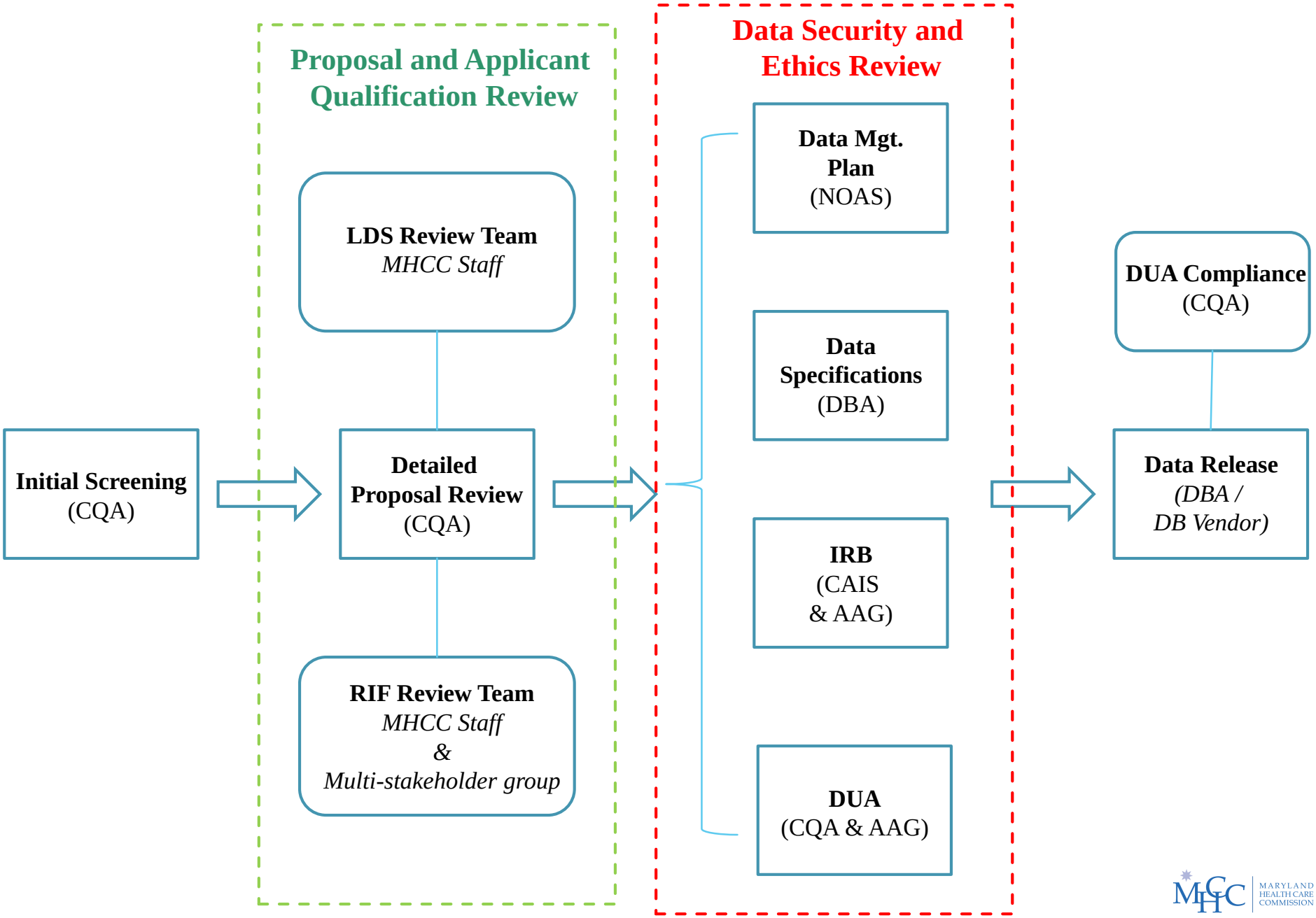
Data Files Subject to Fees

- Medical Care Data Base (MCDB):
  - Private Payor Data (quarterly or annual files)
  - Medicaid MCO Data - MCDB version (annual files)
    - ONLY IF included with private data AND approved by Medicaid
  - Data Files Available
    - Enrollment information
    - Professional services claims
    - Institutional claims (inpatient, outpatient, nursing home, etc.)
    - Pharmacy claims
- DC Hospital Data – application fee only

Discussion & Questions

Extra Slides

MCDB Data Request Review and Release Process



Data Subject to the DRP

- Medical Care Data Base (MCDB), Maryland's All-Payer Claims Database
  - Enrollment and claims data
  - MHCC has independent authority to release private insurance claims
  - MHCC has authority to release Medicaid data with approval from Medicaid
  - MHCC does not have authority to release Medicare data
- DC Hospital Data.
  - Hospital discharge abstract for DC hospitals, similar to HSCRC data
  - MHCC has authority to release for CON purposes and to researchers

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MARYLAND HEALTH CARE COMMISSION

UPDATE:

Legislation

(Agenda Item #6)

March Legislative Update

Erin Dorrien
Chief, Government and Public Affairs

Presentation outline

- **SB 92/ HB 230** Health Insurance- Assignment of Benefits and Reimbursement of Nonpreferred Providers- Repeal of Termination Date
- **SB 320/ HB 602** MHCC Uterine Fibroids- Study (ACTION Item)
- **Self-Referral Bills**
  - **SB 539/ HB 944** Patient Referrals- Oncologists- Radiation Therapy Services and Nondiagnostic Computed Tomography Scan Services
  - **HB 683** -- Health Occupations – MRI Services and Computed Tomography Scan Services – Patient Referrals
- **HB 1256** Maryland Health Care Commission- Certificate of Need- Application of Bed Need Projections

SB 92/ HB 230

Health Insurance- Assignment of Benefits and Reimbursement of Nonpreferred Providers- Repeal of Termination Date

- Repeals sunset date for Assignment of Benefits law
- Heard in both the Senate and the House
- League of Life and Health Insurers offered an amendment to eliminate two-pronged payment approach

- SB 92 Passed the Senate (47-0)
- HB 230 Passed the House (136-0) with Amendments (adding sponsors)

SB 320/ HB 602

MHCC Uterine Fibroids- Study

- Requires MHCC to conduct a study on the incidence of uterine fibroids by race, ethnicity, age, county of residence.
- Include types of treatments offered and physician ability to perform treatments less invasive than hysterectomy or myomectomy.
- Data on the number of women who undergo hysterectomy.
- Fiscal note approximately $50,000

- Sponsors are currently working with another State entity to provide staffing.

SB 539/ HB 944

Patient Referrals- Oncologists- Radiation Therapy Services and Nondiagnostic Computed Tomography Scan Services

- Allows an oncology group practice to self-refer for radiation therapy services or nondiagnostic computed tomography scan services.
- Requires a for-profit oncology group practice to report to the Department of Health and Mental Hygiene the number of Medicare, Medicaid and Children's Health Insurance Program patients served.

- Heard 3/18

HB 683

Health Occupations – MRI Services and Computed Tomography Scan Services – Patient Referrals

- Permits self referral for MRI or CT under certain conditions.
  - Furnished by an individual employed and directly supervised by the referring practitioner
  - Provided in the same building as the referring practitioner
  - Billed by the Group practice which the practitioner is a member
- Self-referring entity must register with the Commission within 30 days of first referral
- MHCC required to repeat MRI study using claims from 2014 and 2016-2017

- Heard 3/18

HB 1256

- Requires MHCC to use the nursing home bed need projection that was in effect at the time a nursing home Certificate of Need application is complete and docketed.
- Under current law, the nursing home bed need projection in effect is the most recent bed need projection published in the Maryland Register.

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MARYLAND HEALTH CARE COMMISSION

UPDATE:

Hospital Palliative Care Pilot Project

(Agenda Item #7)

Update: Hospital Palliative Care Pilot Project

Linda Cole
Rebecca Goldman
Center for Health Care Facilities Planning and Development
March 19, 2015

MARYLAND HEALTH CARE COMMISSION

Legislative Definition

- "Palliative care" means specialized medical care for individuals with serious illnesses or conditions that:
  - Is focused on providing patients with pain relief from the symptoms, pain, and stress of a serious illness or condition, whatever the diagnosis;
  - Has the goal of improving quality of life for the patient, the patient's family, and other caregivers;
  - Is provided at any age and at any stage in a serious illness or condition; and
  - May be provided along with curative treatment.

House Bill 581 (2013 Session)

- MHCC to select at least 5 palliative care pilot programs, in a manner to ensure geographic balance
- Report to General Assembly by Dec 1, 2015
- Pilot programs to:
  - Collaborate with community providers
  - Gather data on costs, savings, access, and patient choice
  - Report to MHCC on best practices that can be used in the development of statewide standards
- Results to be used by OHCQ in development of regulations and palliative care standards

Initial Steps

- Convened steering committee with MHA and OHCQ
- Reviewed existing information: MD Cancer Collaborative; MHA; OHCQ
- Conducted phone interviews with hospital palliative care programs
- Developed RFA for pilot hospital applicants
- 14 applications; 11 selected

Pilot Hospitals

Name of Hospital	Number of Beds	Jurisdiction	Projected Annual Caseload
Carroll Hospital Center	147	Carroll	300-400
Doctors Community Hospital	182	Prince George's	300-600
Greater Baltimore Medical Center	245	Baltimore Co.	600-700
Holy Cross Hospital	391	Montgomery	400-800
Johns Hopkins Hospital	1,082	Baltimore City	~1,000
Howard County General Hospital	259	Howard	~300
MedStar Union Memorial Hospital	205	Baltimore City	~400
Meritus Health	231	Washington	500-700
Peninsula Regional Medical Center	275	Wicomico	400-600
Suburban Hospital	220	Montgomery	~700
Upper Chesapeake Medical Center	183	Harford	500-600
	3,420		5,400-6,800

Staff & Advisory Group Activity

- Established Hospital Palliative Care Advisory Group
- Established Subcommittees: Definitions; Standards; Out-of-Hospital Experience; Satisfaction Surveys
- Developed agreement with CAPC for descriptive hospital program data
- Developed agreement with HSCRC for flagging inpatient discharge data
- Obtained survey data from CAPC for 2012-2013
- Reviewed 1st quarter of flagged data from HSCRC

Selected CAPC Data: Pilot Hospitals

- All primarily serve adult populations
- All report strong hospice collaborations
- Joint Commission certification:
  - 1 certified
  - 3 preparing to apply
  - 3 would like to apply, but do not meet requirements
  - 4 programs do not plan to apply for other reasons
- Program models:
  - 11 inpatient consultation models (11)
  - 4 outpatient clinics (4)
  - 5 have inpatient hospice beds per contractual agreements (5)
  - 1 has telemedicine consultation; pilot underway (1)
- Top referral sources reported in 2012:
  - Hospitalists
  - Pulmonary or critical care physicians
  - Oncologists

Flagging Protocol

- HSCRC flags for FY 2015
  - 1 = Received a palliative care consult and accepted a palliative plan of care and were not referred to hospice care; includes patients who accepted a palliative plan of care and died in the hospital.
  - 2 = Received a palliative care consult and accepted a palliative plan of care, specifying hospice care, and were referred to hospice care.
  - 3 = Received a palliative care consult but did not accept a palliative plan of care.
  - 8 = All patients who received a palliative care consult.*

    ** An option available for any of the pilots that felt the above coding system was too cumbersome. However, after individual planning discussions with each pilot program, all agreed that the 1,2, and 3 codes were possible to use.*

Flagged Data:July1-September 30, 2014

Pilot Hospital	Flagged Discharges				Total Discharges
	1	2	3	8	
Carroll County	39	54	15	0	108
Doctors Community	28	62	33	31	154
Greater Baltimore	22	33	5	0	60
Holy Cross	76	88	54	0	218
Howard County	20	41	14	4	79
Johns Hopkins	111	119	5	93	328
Peninsula Regional	65	37	4	0	106
Suburban	46	53	57	18	174
MedStar Union Memorial	23	25	45	0	93
Upper Chesapeake	65	52	17	0	134
Meritus	40	51	23	0	114
Total	**535**	**615**	**272**	**146**	**1,568**

Report Content

- Research literature review on palliative care
- Profile Maryland hospital palliative care programs
  - Details on certifications, services, and processes of care
- Project scope
  - Pilot projects, study definitions, and legislative requirements
- Best practices
  - Based on NQF Preferred Practices
- Use of hospital services by palliative care patients
  - Based on flagged HSCRC data
- Recommendations

Next Steps

- Submit preferred practices survey to pilot hospitals (April)
- Convene pilot hospitals for review of data:
  - Present preferred practices findings (May)
  - Review two quarters of HSCRC data (June)
  - Review two years of CAPC data (June)
- Develop draft report (August)
- Reconvene steering committee (September)
- Respond to committee feedback (October)
- Submit report to Commission (November)
- Submit final report to Legislature(December)

Information on Hospital Palliative Care Project

- Information posted at:

http://mhcc.maryland.gov/mhcc/Pages/home/workgroups/workgroups_palliative_care.aspx

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MARYLAND HEALTH CARE COMMISSION

UPDATE:

Plans for Enhancing the Health Plan Performance Guide

(Agenda Item #8)

The Maryland Health Care Quality Reports

Vision, Strategy & Execution

An Update Presented to the
Maryland Health Care Commission

Center for Quality Measurement and Reporting

March 19, 2015

The Mission

Establish a comprehensive, integrated online resource that enables consumers to access meaningful, timely, and accurate healthcare information reported by healthcare providers and payers in Maryland

The Maryland Health Care Quality Reports

- Public release in November 2014
- Lays the foundation for a more integrated and interactive public reporting system focusing on information for the consumer audience
- Establishes a platform and infrastructure for expansion to other provider settings and Health Plan information
- Supports flexible content management -- the system can evolve over time

Collaboration and Consumer Engagement

- Health Services Cost Review Commission
  - Support for streamlined quality measures data processing
  - Sharing of price transparency methodology
  - Quality measures align with new hospital payment model
- Agency for Healthcare Research and Quality (AHRQ) – integration of MONAHRQ quality reporting
- Consumer Engagement
  - Consumer involvement throughout the development process
  - Ongoing review of content, new design, format and functionality

Maryland Health Care Quality Reports
April 2015 Updates

- The Hospital Guide
  - 2014 Healthcare Associated Infections Data
    - Clostridium Difficile (C. *diff*)
    - CLABSI In ICUs
  - CY2014 Common Medical Conditions and Charges

- 1st Phase of Health Plan Report Transition to web-based Guide

Health Benefits Plan Reports

- Comprised of two PDF reports
  - Comprehensive
  - Consumer
- Supported by four contractors
  - CAHPS Survey
  - HEDIS Audit
  - Report Developer
  - RELICC Data Collection System
- Transition to web-based display
  - More consumer friendly
  - More cost effective

Web Page For The Health Benefit Plan Guide

Health Plan Finder	Health Plan Compare	Plans Inside Maryland Health Connection, State Employees'/ Retirees' Benefits, Medicare, and Medicaid	Consumer Information	Resources

• Locates plan offerings in your zip code/region
• Information about the different types of plans
  • Delivery Systems
  • Accreditation
  • Provider Networks
  • Carrier Quality Improvement Initiatives in Maryland
	• Update existing CAHPS (Consumer Ratings) section
	• Create new HEDIS (Clinical Performance) section
	• Create new RELICC (Disparities Initiatives) section
	• Cite ® and ™
		• Maryland Health Connection explanation and link
		• State of Maryland Employees' and Retirees' benefits package explanation and link
		• Medicare explanation and link
		• Medicaid explanation and link
			• Statewide Health Care Initiatives
			• 5 Chronic Diseases Impacting Maryland Residents
			• Childhood Immunization Information
				• Helpful information as well as links to related consumer resources

Layer 1: Home page w/column titles. Layer 2: Each of the bulleted selections. Layer 3: Supporting data and information.

The Maryland Health Care Quality Reports Website

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MARYLAND HEALTH CARE COMMISSION

Overview of Upcoming Initiatives

(Agenda Item #9)


ENJOY THE REST OF
YOUR DAY